EXHIBIT D

CLAIM NUMBER:

EMPLOYMENT WAGE COMPLAINT

Michigan Department of Licensing and Regulatory Affairs
Michigan Occupational Safety and Health Administration
Wage & Hour Division

Mailing Address:
P.O. Box 30476
Lansing, MI 48909-7976

Street Address:
7150 Harris Drive
Dimondale, MI 48821

Telephone: 517.322.1825 Facsimile: 517.322.6352
Website: www.michigan.gov/wagehour

IMPORTANT: By filing this claim with the Wage and Hour Division, you are electing a remedy which may prevent you from pursuing this claim elsewhere, including civil court.

LARA is an equal opportunity employer/program. Auxilliary aids, services and other reasonable accommodations are available, upon request, to individuals with disabilities for the purpose of accessibility under the state and federal law. Please call 517.322.1825 to make your needs known to this agency.

AUTHORITY: ACT 390, PUBLIC ACTS OF 1978, AS AMENDED
ACT 154, PUBLIC ACTS OF 1964, AS AMENDED
COMPLETION: VOLUNTARY
PENALTY: NONE

EMPLOYEE INFORMATION Please print

LAST NAME, FIRST NAME, MIDDLE INITIAL [X] Mr. [ ] Ms. [ ] Mrs. [ ] Miss. [ ] Dr.		LAST 4 NUMBERS OF SOCIAL SECURITY NUMBER:
Reeser, Natalie K		
ADDRESS (STREET NUMBER AND NAME): **20481 Foster Drive**		BIRTH DATE: **12/31/1980**
CITY, STATE, ZIP: **Clinton Twp, MI 48036**		COUNTY: **macomb**
EMAIL ADDRESS: **natalie_19_99@yahoo.com**	PRIMARY TELEPHONE NUMBER: **586-843-6020**	DAYTIME TELEPHONE NUMBER: **586-843-6020**

CONTACT INFORMATION FOR SOMEONE WHO WILL ALWAYS KNOW HOW TO REACH YOU.

ADDRESS WHERE YOU WORKED (STREET NUMBER AND NAME): **15945 19 Mile Rd Suite 104**

TY, STATE, ZIP:	COUNTY:
Clinton Twp MI 48038	**Macomb**

Start date of employment (Month/Day/Year): **05/16/2011**		Last date worked (Month/Day/Year):		
Employment Status: [ ] QUIT [ ] DISCHARGED [X] STILL EMPLOYED		How often were you paid? [ ] WEEKLY [X] BI-WEEKLY [ ] SEMI-MONTHLY [ ] MONTHLY		
LIST YOUR RATE OF PAY: PROVIDE A COPY OF YOUR CHECK STUB.	PER HOUR **$ 14.28**	SALARY $	COMMISSION $	PIECE RATE/OTHER $
If salaried, how many days/hours were you required to work each week or pay period?		**What was/is your job title?** **Phlebotimist / Lab asistant**		

EMPLOYER INFORMATION

BUSINESS NAME: **Henry Ford Medical Labortory**		TYPE OF BUSINESS: **62 Health Care and Social Assistance**
BUSINESS ADDRESS (STREET NUMBER AND NAME): **2799 West Grand Blvd**		
CITY, STATE, ZIP: **Detroit, MI 48202**		COUNTY **wayne**
TELEPHONE NUMBER:	FAX NUMBER:	EMAIL OR WEBSITE ADDRESS OF EMPLOYER (IF KNOWN): **jhood1@hfhs.org**
NAME OF PERSON IN CHARGE OF DAY-TO-DAY OPERATIONS: **Jill Hood**		LIST THE APPROXIMATE NUMBER OF EMPLOYEES: **23000**

Was Your Employment Governed by One or More Employers? If so, list below the additional employer's name, address, city, ıte, zip code, and telephone number or attach an addiitional sheet listing the information.

THE CLAIM WILL BE RETURNED IF A CLAIM AMOUNT AND A CLAIM PERIOD ARE NOT PROVIDED.
Filing this complaint does not guarantee payment or a finding in your favor.
Please provide documentation to substantiate your claim, for example, pay stubs, time sheets, written policies and ect.

Your Reason for Filing this Claim	Period Claimed Month/Day/Year	to	Month/Day/Year	Calculate Amount Claimed (Attach additional sheets if necessary)	Amount Claimed
				from 5/16/2011 to around 5/16/2012 everyone was taking an hour l	
WAGES					
Hourly Wages	5/16/2011		02/25/2014	unch, and was paid for a half hour of that, I	14.28
Salary	/ /		/ /	never got a lunch and they st	
Commissions (Provide list of commissions)	/ /		/ /	ill took out 1/2 everyday from my check , I was working from 7:30 am to 6 p	
Piece Rate/Other	/ /		/ /	m with no breaks or lunches but they still took it out of my pay check so f	
Unauthorized Deductions	/ /		/ /	or the first year 200 days at time and a half for one hour that is 200 x 14	
FRINGE BENEFITS (Provide written policy or contract)				..28 + over time of 7.14 = 21.42 x 200 =	
Vacation Pay	/ /		/ /	4,282 then from 5/17/2012 to 2/	
Paid Time Off	/ /		/ /	25/2014 they made lunches 30 minutes, across the board in my department, ex	
Holiday Pay	/ /		/ /	cept I never got one and they continue to take 30 minutes out of my check e	
Sick Pay	/ /		/ /	veryday , even though I never get a break or lunch so for those extra 400 d	
Expense Reimbursement (Provide list of expenses)	/ /		/ /	ays at time and a half .... 0.30 x 400 = 120 x 21.42 is 2,570.40 for a to	
Bonus (List type of bonus)	/ /		/ /	tal asking amount of 6,852.40	
MINIMUM WAGE	/ /		/ /		
OVERTIME	/ /		/ /		
TOTAL GROSS (before tax deductions) AMOUNT CLAIMED					**6852.40**

	YES	NO
Are you filing a complaint for pay stubs or wage statements you did not receive?		
If yes, please list dates you did not receive a pay stub or wage statement	X	

I have been employed by Henry ford since 5/16/2011 I have had a lunch maybe ten times in those almost three years,

PLEASE ANSWER THE FOLLOWING

	YES	NO
Have you filed a law suit against the employer on the issues of this claim?		X
If claiming fringe benefits, was a written policy or contract in effect during your employment? If yes, please provide a copy of the written policy or contract.		X
Does the business make more than $500,000/year or transport goods outside of Michigan?		X
Was your employment covered by a union contract? If yes, please submit a copy of the contract.		X

CERTIFICATION: I certify that to the best of my knowledge and belief, this is a true statement of wages and/or fringe benefits due me. I will inform the department if any of the following occur: Change of name, address, and/or telephone number for myself and/or employer, or a direct payment or settlement of the claim.

Signature of Complainant:	**DATE:**
NO ADDITIONAL INFORMATION WILL BE SENT	
ONLINE REFERENCE NUMBER: 586-843-6020	**DATE: 02/27/2014**